

1045 NO. 210

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3	2		1			
4	2		1			
5	2		1			
6	0		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1		1			
12	5		1			
13	1		1			
14	1		1			
15	8		1			
16			1			
17	1					
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50						
TOTAL IND.			5			
TOTAL DEP.		17				
TOTAL CLAIMS		16				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.			5			
TOTAL DEP.		17				
TOTAL CLAIMS		16				